

Connecticut WIC: The Big Picture

Presentation to the MAPOC

(Medical Assistance Program Oversight Council)

Marjorie Chambers, State WIC Director

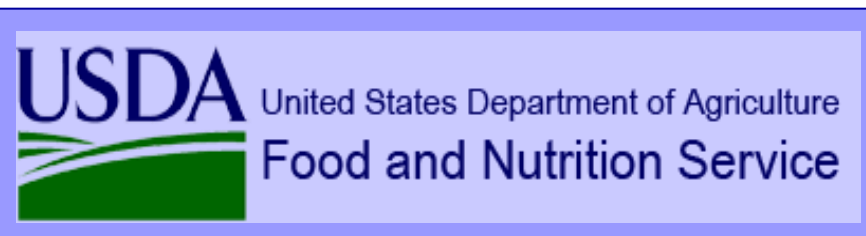
Kim Boulette, WIC Vendor Specialist

Hartford, Legislative Office Building, Room 1E

May 8, 2015 @ 9:30 am

www.ct.gov/dph/wic





State of Connecticut Department of Public Health
Commissioner Jewel Mullen, MD
Community Health & Prevention Section (CHAPS)
Section Chief Renee Coleman-Mitchell




**Special Supplemental Nutrition Program
for Women, Infants & Children (WIC)**
State Director Marjorie Chambers

12 Local Agencies:
Full-time Offices &
Satellite Clinics



WIC Authorized Vendors:
687 Grocery Retailers,
Pharmacies & Farmers

~ 52,500 Participants

- 
- Founded: Child Nutrition Act, 1974
 - WIC is a discretionary – **NOT an entitlement** – program
 - Mission: to safeguard the health of low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5, who are at nutritional risk.
 - Services: WIC provides . . .
 - nutritional assessment & education;
 - breastfeeding promotion and support;
 - referrals to health care & social services; and
 - checks for specific nutritious foods to supplement diets.

Who is eligible?



- Categorical eligibility: pregnant, postpartum and breastfeeding women, and infants and children up to age 5 (5th birthday).



- Income eligibility:
 - WIC & Medicaid/HUSKY A have the same income eligibility requirements.
 - Since 1989 WIC recognizes *adjunctive eligibility*, making HUSKY A clients automatically income-eligible for WIC.
- State residents: applicants must be CT residents
- Nutritional risk: applicants must be at nutritional risk

Who do we Serve?

- In Connecticut, roughly:

- ☐ ¼ are Women;
- ☐ ¼ are Infants; and,
- ☐ ½ are Children.

- By race & ethnicity:

- ☐ ~ ½ are Hispanic;
- ☐ ~ ¼ are non-Hispanic white;
- ☐ ~ ¼ are non-Hispanic black or African American.

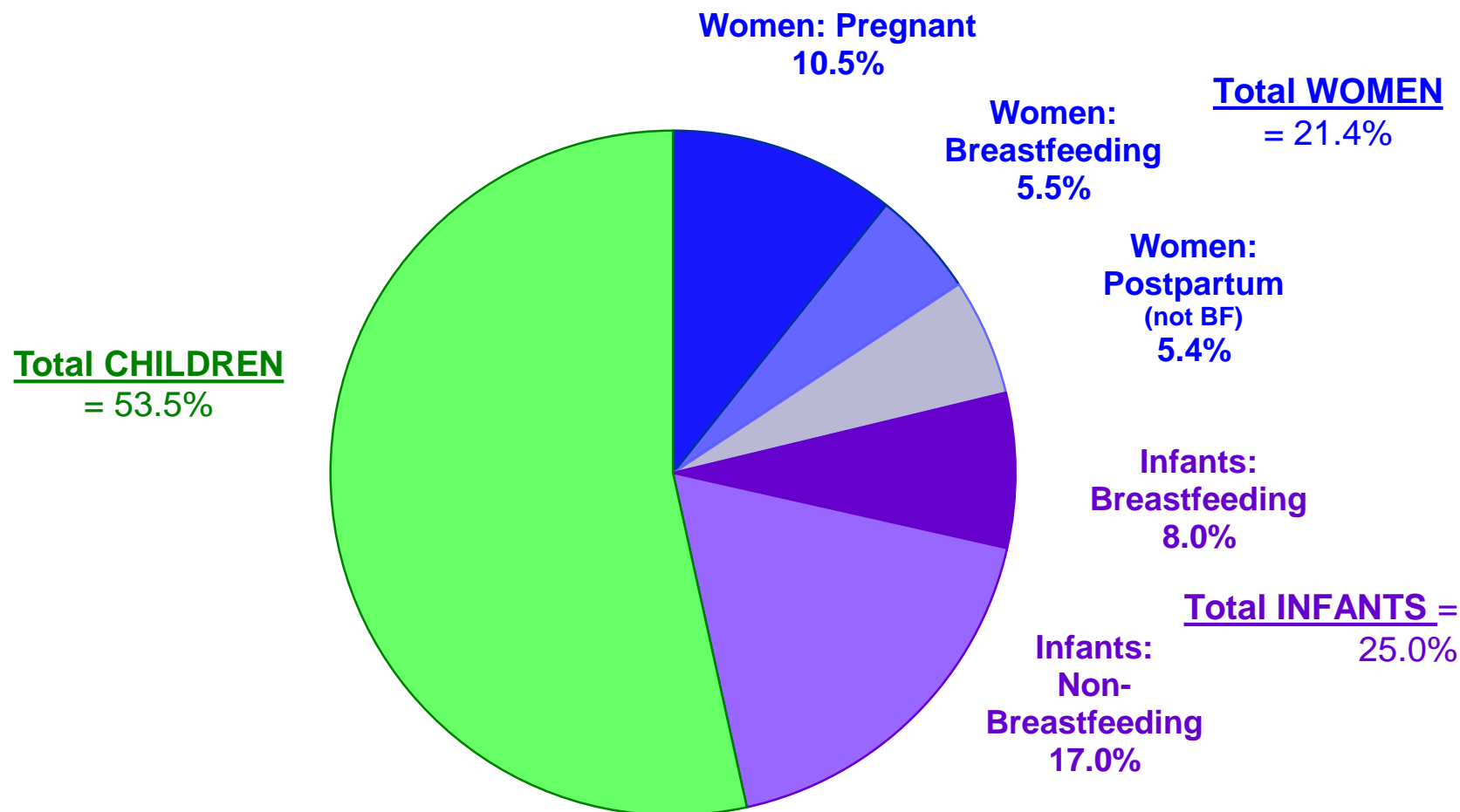


CT WIC by Participant Category

Federal Fiscal Year (FFY) 2014

(N = 52,561)

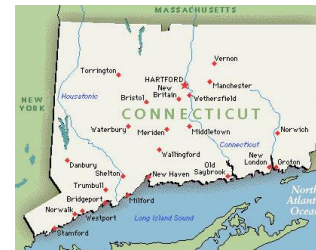
Over 1/3 of all infants born in Connecticut are enrolled in WIC at some point during their first year of life.



Where are our Programs?



- 12 Local Agencies, covering all 169 towns across the state:
 - 23 full-time offices;
 - 33 part-time satellite sites.
- Nearly 1/3 of all WIC clients are from our 3 largest cities:
 - Bridgeport, New Haven & Hartford
- ~ 1/2 are from the 6 largest:
 - Bridgeport, Hartford, New Haven, Waterbury, New Britain & Stamford



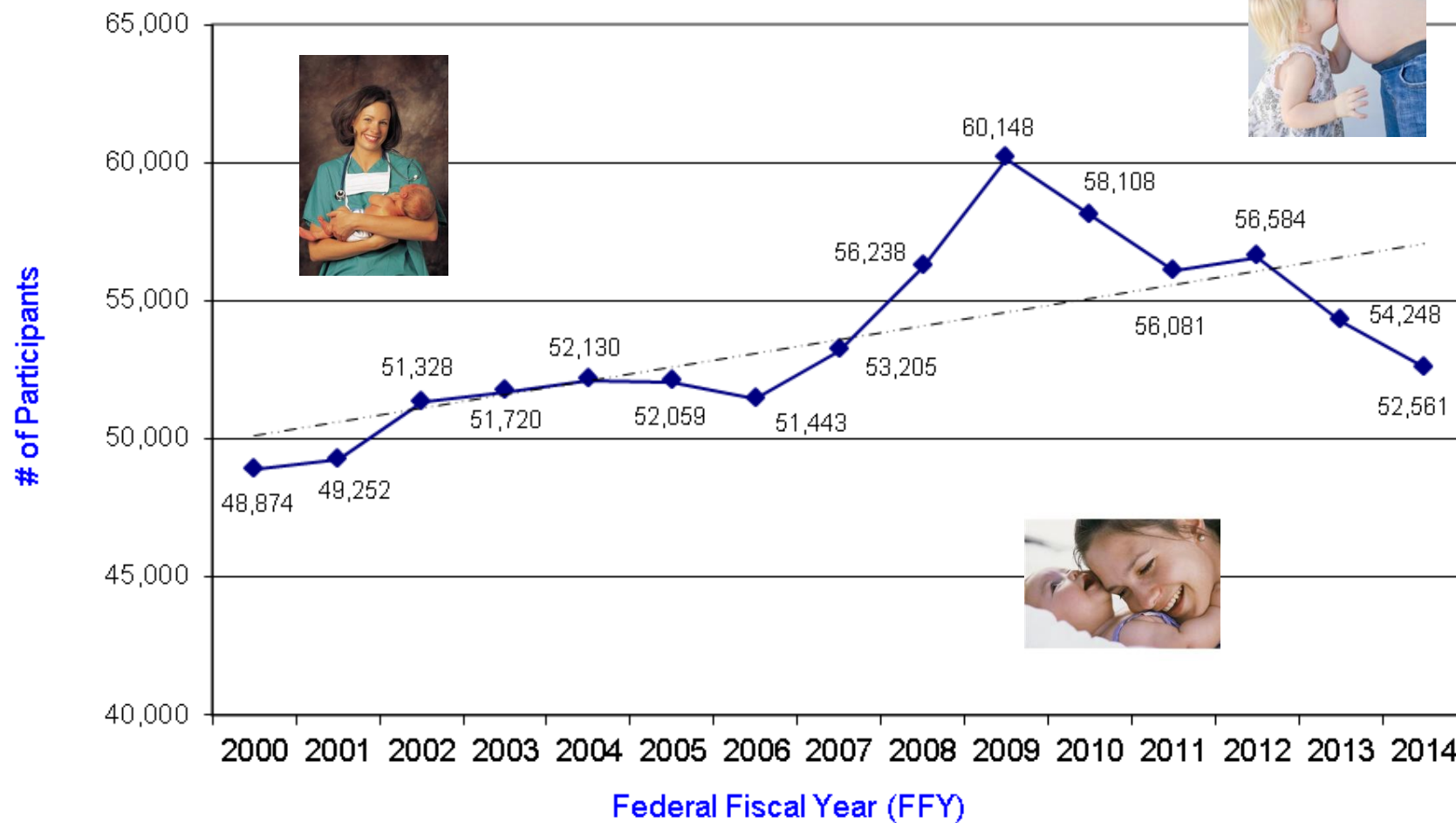


Program Infrastructure:

Local Agency Operations

- CT WIC contracts 12 local agencies to operate.
 - WIC offices are located in:
 - 6 local health departments / districts;
 - 6 hospital-based programs;
 - 5 CHCs (Community Health Centers); and,
 - 5 CAPs (Community Action Partner) agencies.

Average Monthly WIC Participation by FFY (15-Year Average = 53,600)



Financial Management Unit

- Ensure fiscal integrity, accountability and compliance with USDA rules & regulations:
 - Manage USDA Food & Nutrition Services / Administration funds;
 - Oversee and administer the budget, disbursements & rebates;
 - Monitor monthly local agency and state office expenditures;
 - Submit monthly financial reports to the USDA.





What does it Cost?



- **Food Expenditures:** **\$42,673,887** (77% of total budget)
 - Food Grant: \$29,152,092
 - Rebates: \$13,521,795

- **Nutrition Services & Administrative Costs:** **\$12,999,123** (23% of total budget)
 - Local Agency Contracts: \$ 10,116,639 (77.8% of NSA)
 - State WIC Office: \$ 2,882,484 (22.2% of NSA)



Nutrition Services



- USDA-approved Annual State Plan
- Participant eligibility & program support:
 - Oversee applicant eligibility, certification and nutritional risk assessment
- Technical assistance, training & continuing education:
 - Quarterly statewide meetings, monthly coordinators meeting, annual management retreats, special training opportunities
 - Program planning, monitoring & evaluation

Cont . . .





- **Technical assistance, training (cont . . .)**
 - Procure, develop and review educational materials
 - Oversee WIC breastfeeding promotion & support activities
 - Baby-Friendly Hospital Initiative (BFHI): global program launched by WHO & UNICEF in 1991
 - Breastfeeding Peer Counseling (USDA grant)
- **Monitor local agency compliance with state & federal regulations** (administration, civil rights, food package prescription, management, outreach)
 - Oversee development of local agency work plans, monitor progress and evaluate achievement of outcome objectives
 - Provide feedback on local agency reports and other deliverables
 - Manage implementation of state policies & procedures, and the interpretation of federal guidance and policies, budget, staffing

WIC Outcome Objectives

(FFY 2014)

■ 1st Trimester Enrollment

- Increase to 50% the rate of first trimester enrollment of pregnant women.



Maternal Weight Gain (MWG)

- At least 70% of pregnant women who participate in WIC for a minimum of 6 months gain appropriate weight.



Low Birth Weight (LBW)

- The incidence of LBW among infants whose mothers were on WIC for at least 6 months during pregnancy does not exceed 6% (excludes preterm and multiple births).



Breastfeeding Initiation

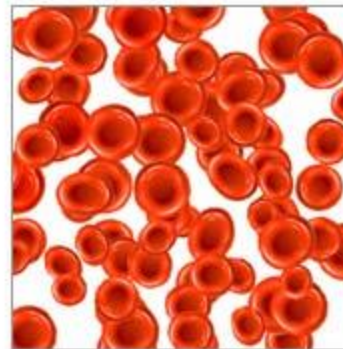
- At least 65% of infants enrolled in WIC Program have mothers who initiate breastfeeding.



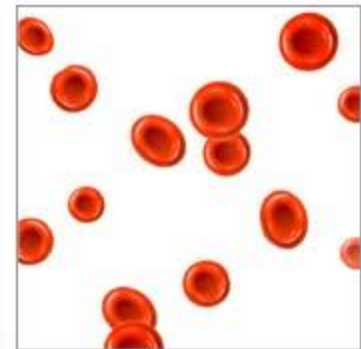
Anemia in Children (2 – 5 yrs)

- The prevalence of anemia among children enrolled in WIC for at least one year does not exceed 7.5%.

Normal amount of
red blood cells



Anemic amount of
red blood cells



Overweight in Children (2 – 5 yrs)

- The prevalence of overweight* among children enrolled in WIC for at least one year does not exceed 10%.

* BMI \geq 85th percentile to < 95th percentile



Obesity in Children (2 – 5 yrs)

- The prevalence of obesity * among children enrolled in WIC for at least one year does not exceed 15%.

* BMI \geq 95th percentile



SEQUENCE NO. 1234567	FAMILY 123456	WIC ID 050-123456	PAYEE NAME Smith, Jane	SITE 050	FIRST DAY TO USE 5/8/15
PAY TO THE ORDER OF: AUTHORIZED WIC VENDOR STAMPED HERE:		PACKAGE: 128 ounces WIC-approved fluid juice OR 2 cans (11.5-12 oz) juice concentrate 1 Half gallon milk: 2% OR 1% OR Skim 1 pkg up to 16oz/1lb each approved cheese			LAST DAY TO USE 6/7/15
VENDOR MUST DEPOSIT WITHIN 60 DAYS OF "FIRST DAY TO USE" DATE UNITED COMMUNITY BANK Marietta, GA		IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY DATE			

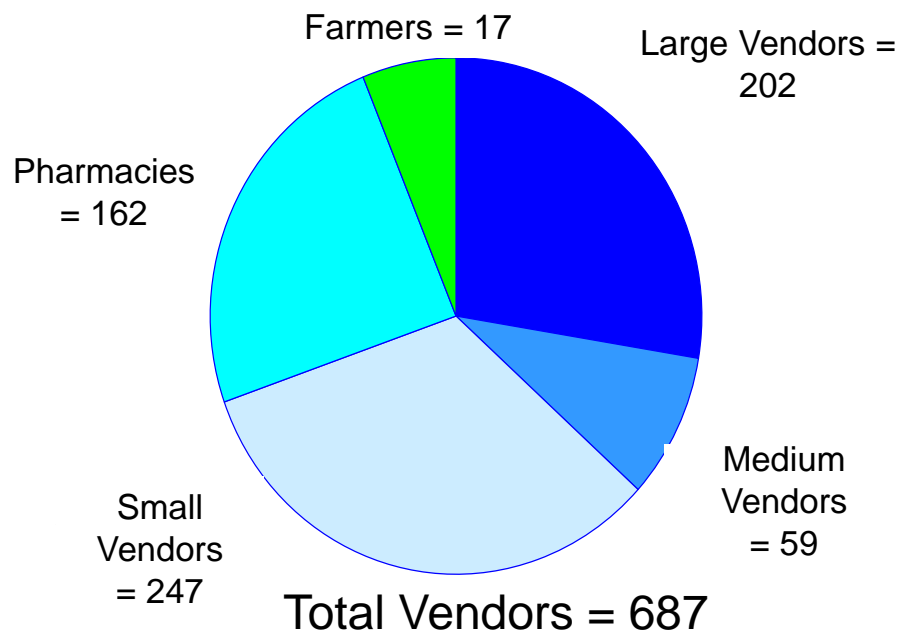
Food Resources is responsible for:

- Food check distribution & management (~ 280,000 checks issued per month)
- Approval of prescribed foods for nutritional content, cost, statewide availability - Food List
- Oversee multi-state infant formula and infant food rebate contracts
- Distribution site for Farmers' Market Nutrition Program \$15 check booklets (DoAG)
- Process special formula orders, inventory and delivery to LAs
- Anticipated collaboration between WIC and DSS on special formula issuance to decrease multiple distributions

Where can Participants get WIC Foods?



- Checks are issued for foods, formula, fruits & vegetables (year round @ \$5 & \$8)
- Food stores accept all types of WIC checks
- Pharmacies only accept checks for infant formula
- Farmers at Farmers' Markets only accept fruit & vegetable checks.



Vendor Management is responsible for:

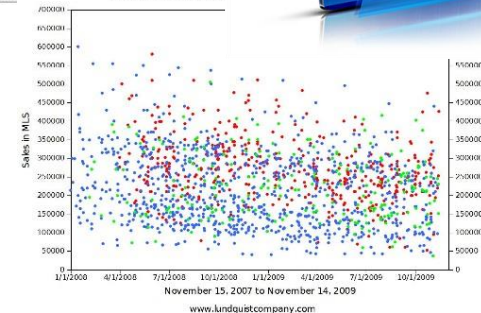
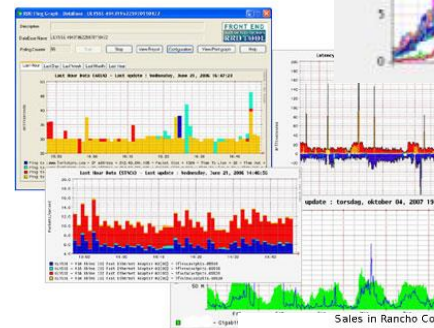
- Vendor applications, training, monitoring, selection and authorization
- Vendors need to meet minimum inventory requirements at all times to meet the needs of participants
- Fraud prevention & compliance (unannounced onsite monitoring, undercover compliance investigations)
- Process reimbursements of checks rejected by WIC bank
- Administrative reviews (hearings) for non-compliant vendors

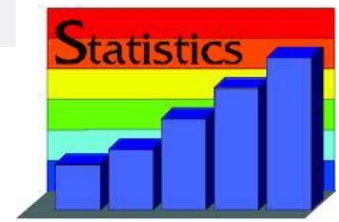


EBT is coming! \$8.5 million in federal grant money.

CT will meet 2020 mandate by implementing in 2016.

- New Management Information System (MIS) will be web-based, utilize modern technology, and provide real-time data.
- New **Electronic Benefit Transfer (EBT)** capability allows for the elimination of paper checks, significantly enhancing data analysis capabilities:
 - fraud-prevention efforts;
 - item use reports; and,
 - budget planning, among many other uses.





- Coordinate with state & local staff to:
 - Strengthen data analysis & reporting capabilities (participation, client demographics, check issuance & redemption, risk factors, referrals, outcomes, ad hoc reports, etc.); and,
 - Ensure data reports meet fiscal, programmatic and regulatory requirements.

- MOU with DSS on data sharing . . .
 - *“To increase food security for the Medicaid population by increasing referrals and co-enrollment of low-income [women, infants & children] . . . in order to deliver timely health and nutrition services and improve birth outcomes.”*

What are some of the Benefits of WIC Participation?

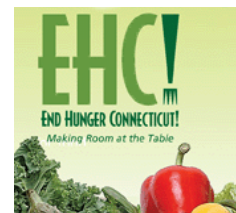


- ✓ WIC participation improves pregnancy outcomes (fewer preterm births, LBW deliveries and infant deaths)
- ✓ Reduces hospitalization and Medicaid costs
- ✓ Helps ensure a child's developmental readiness to enter kindergarten
- ✓ Increase food security for low-income families
- ✓ Contributes food dollars to local economies
- ✓ Increases local availability and access to fruits, vegetables and other healthy foods, of benefit to all Connecticut residents





A collaborative effort . . .



USDA / SNAP



Family Health, Immunization,
Oral Health, Vital Records...



DoAG - Connecticut
Food Policy Council



USDA Farmers' Market
Nutrition Program



grocery store
WIC Vendor
Advisory Council



CT Head Start
State Collaboration Office



CT Chapter



Integrated Eligibility,
HUSKY A . . .